

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
NATIONAL ASSOCIATION OF PSYCHIATRIC HEALTH SYSTEMS POLITICAL ACTION COMMITTEE (N-APHS/PAG)

ADDRESS (number and street) 701 13TH STREET NW SUITE 950  
 Check if different than previously reported. (ACC)  
WASHINGTON DC 20005

2. **FEC IDENTIFICATION NUMBER** C00107136  
3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE**-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 01 01 2009 through 06 30 2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Mr. Mark J. Covall

Signature of Treasurer Electronically Filed by Mr. Mark J. Covall Date 07 28 2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name

NATIONAL ASSOCIATION OF PSYCHIATRIC HEALTH SYSTEMS POLITICAL ACTION COMMITTEE (N-APHS/PAC)

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		57276.03
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	57276.03									
(c) Total Receipts (from Line 19) .....	29778.96	29778.96								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	87054.99	87054.99								
7. Total Disbursements (from Line 31) .....	35824.32	35824.32								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	51230.67	51230.67								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

NATIONAL ASSOCIATION OF PSYCHIATRIC HEALTH SYSTEMS POLITICAL ACTION COMMITTEE (N-APHS/PAC)

Report Covering the Period: From:    To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	15600.00	15600.00
(ii) Unitemized .....	2500.00	2500.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	18100.00	18100.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	7900.00	7900.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	26000.00	26000.00
12. Transfers From Affiliated/Other Party Committees .....	3756.00	3756.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	22.96	22.96
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	29778.96	29778.96
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	29778.96	29778.96

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	824.32	824.32
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	824.32	824.32
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	35000.00	35000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	35824.32	35824.32
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	35824.32	35824.32

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	26000.00	26000.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	26000.00	26000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	824.32	824.32
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	824.32	824.32

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL ASSOCIATION OF PSYCHIATRIC HEALTH SYSTEMS POLITICAL ACTION COMMITTEE (N-APHS/PAC)**

<b>A.</b>	Full Name (Last, First, Middle Initial) Carol Bickelman		Date of Receipt MM / DD / YYYY 06 / 12 / 2009		
	Mailing Address 2700 Campbell Road, NW		<b>Transaction ID:</b> SA11AI.6110		
	City Albuquerque	State NM	Zip Code 87104	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C		Contribution		
	Name of Employer Youth & Family Centered Service	Occupation Director	Aggregate Year-to-Date 300.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. William Bonneau		Date of Receipt MM / DD / YYYY 06 / 12 / 2009		
	Mailing Address 5008 Timothy Circle		<b>Transaction ID:</b> SA11AI.6113		
	City Austin	State TX	Zip Code 78734	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Contribution		
	Name of Employer Youth & Family Centered Svcs.	Occupation Director	Aggregate Year-to-Date 250.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. Jeff Borenstein		Date of Receipt MM / DD / YYYY 05 / 29 / 2009		
	Mailing Address 87-37 Palermo Street		<b>Transaction ID:</b> SA11AI.6069		
	City Holliswood	State NY	Zip Code 11423-1209	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		Contribution		
	Name of Employer Holliswood Hospital	Occupation CEO & Medical Director	Aggregate Year-to-Date 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1050.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 29  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**NATIONAL ASSOCIATION OF PSYCHIATRIC HEALTH SYSTEMS POLITICAL ACTION COMMITTEE (N-APHS/PAC)**

<p><b>A.</b> Full Name (Last, First, Middle Initial) Arthur Bregman</p> <p>Mailing Address 1550 Madrug Avenue Suite 406</p> <p>City State Zip Code Coral Gables FL 33146</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Youth Family &amp; Centered Svcs. Occupation Administrator</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">300.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">0 6 / 1 2 / 2 0 0 9</span></p> <p><b>Transaction ID:</b> SA11AI.6107</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">300.00</span></p> <p>Contribution</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Mr. Michael Brooks</p> <p>Mailing Address 2702 Barton's Bluff Lane</p> <p>City State Zip Code Austin TX 78746</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Youth &amp; Family Centered Svcs. Occupation Director</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">1000.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">0 6 / 1 2 / 2 0 0 9</span></p> <p><b>Transaction ID:</b> SA11AI.6109</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">1000.00</span></p> <p>Contribution</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Connie Busicchia</p> <p>Mailing Address 11113 Bexley Lane</p> <p>City State Zip Code Austin TX 78739-1813</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Youth Family &amp; Centered Svcs. Occupation Director</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">250.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">0 6 / 2 6 / 2 0 0 9</span></p> <p><b>Transaction ID:</b> SA11AI.6123</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">250.00</span></p> <p>Contribution</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">1550.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 29  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
NATIONAL ASSOCIATION OF PSYCHIATRIC HEALTH SYSTEMS POLITICAL ACTION COMMITTEE (N-APHS/PAC

**A.**

Full Name (Last, First, Middle Initial)  
Neil Campbell

Mailing Address 900 20th Avenue S.  
Apt. 1201

City Nashville State TN Zip Code 37212

FEC ID number of contributing federal political committee. **C**

Name of Employer AmiCare Occupation Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 06 / 12 / 2009

Transaction ID: SA11AI.6075

Amount of Each Receipt this Period: 250.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Kimberly Catlett

Mailing Address 11340 Glentrace Drive  
Apt. 504

City Indianapolis State IN Zip Code 46236

FEC ID number of contributing federal political committee. **C**

Name of Employer Youth Family & Centered Svcs. Occupation Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 06 / 12 / 2009

Transaction ID: SA11AI.6108

Amount of Each Receipt this Period: 300.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Marina Cecchini

Mailing Address 4101 NW 89th Boulevard

City Gainesville State FL Zip Code 32669

FEC ID number of contributing federal political committee. **C**

Name of Employer Shands Healthcare Occupation Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 05 / 14 / 2009

Transaction ID: SA11AI.6066

Amount of Each Receipt this Period: 500.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1050.00**

**TOTAL** This Period (last page this line number only) ..... ►



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
NATIONAL ASSOCIATION OF PSYCHIATRIC HEALTH SYSTEMS POLITICAL ACTION COMMITTEE (N-APHS/PAC)

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Danny Cowart	Date of Receipt MM / DD / YYYY 06 / 12 / 2009
	Mailing Address 184 Tugwell Road	<b>Transaction ID:</b> SA11AI.6106
	City Magee State MS Zip Code 39111	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
	Name of Employer Youth & Family Centered Svcs. Occupation Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 300.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Kenneth Crump	Date of Receipt MM / DD / YYYY 06 / 12 / 2009
	Mailing Address 984 Cambridge Avenue	<b>Transaction ID:</b> SA11AI.6104
	City Nixa State MO Zip Code 65714	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
	Name of Employer Youth & Family Centered Service Occupation Divisional Manager Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 300.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Len Dziubla	Date of Receipt MM / DD / YYYY 04 / 30 / 2009
	Mailing Address 1744 N. Farwell Avenue	<b>Transaction ID:</b> SA11AI.6065
	City Milwaukee State WI Zip Code 53202	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
	Name of Employer Phoenix Care Systems, Inc Occupation CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1600.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**NATIONAL ASSOCIATION OF PSYCHIATRIC HEALTH SYSTEMS POLITICAL ACTION COMMITTEE (N-APHS/PAC)**

<b>A.</b>	Full Name (Last, First, Middle Initial) Mercy Estevez		Date of Receipt MM / DD / YYYY 06 / 12 / 2009		
	Mailing Address 1911 S.W. 81 Way		<b>Transaction ID:</b> SA11AI.6094		
	City Davie	State FL	Zip Code 33324	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. <b>C</b>		Contribution		
	Name of Employer Youth & Family Centered Svcs	Occupation Administrator	Aggregate Year-to-Date 300.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Joy Figarsky		Date of Receipt MM / DD / YYYY 06 / 12 / 2009		
	Mailing Address 8 Warblers Cove		<b>Transaction ID:</b> SA11AI.6096		
	City Little Rock	State AR	Zip Code 72211	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. <b>C</b>		Contribution		
	Name of Employer Youth & Family Centered Servic	Occupation Director	Aggregate Year-to-Date 300.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Magdalena Freeman		Date of Receipt MM / DD / YYYY 06 / 12 / 2009		
	Mailing Address 2403 Kathy Cove		<b>Transaction ID:</b> SA11AI.6097		
	City Austin	State TX	Zip Code 78704	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. <b>C</b>		Contribution		
	Name of Employer Youth & Family Centered Svcs.	Occupation Director	Aggregate Year-to-Date 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>850.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
NATIONAL ASSOCIATION OF PSYCHIATRIC HEALTH SYSTEMS POLITICAL ACTION COMMITTEE (N-APHS/PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Michele Gougeon		Date of Receipt
	Mailing Address 115 Mill Street		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 05 / 27 / 2009
	City	State	Zip Code
	Belmont	MA	02478
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.6067
Name of Employer McLean Hospital		Occupation Hospital Executive	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 250.00
			Contribution

<b>B.</b>	Full Name (Last, First, Middle Initial) Ms. Roxane Harcourt		Date of Receipt
	Mailing Address 2260 Tanya Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 12 / 2009
	City	State	Zip Code
	Avon	IN	46123
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.6088
Name of Employer Youth Family & Centered Svcs		Occupation Administrator	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 300.00
			Contribution

<b>C.</b>	Full Name (Last, First, Middle Initial) Ms. Roxane Harcourt		Date of Receipt
	Mailing Address 2260 Tanya Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 06 / 12 / 2009
	City	State	Zip Code
	Avon	IN	46123
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11AI.6091
Name of Employer Youth Family & Centered Svcs		Occupation Administrator	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 100.00
			Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 650.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NATIONAL ASSOCIATION OF PSYCHIATRIC HEALTH SYSTEMS POLITICAL ACTION COMMITTEE (N-APHS/PAC)**

<b>A.</b>	Full Name (Last, First, Middle Initial) Ms Lisa Herman		Date of Receipt MM / DD / YYYY 06 / 12 / 2009		
	Mailing Address 6920 Silver Tree Drive		<b>Transaction ID:</b> SA11AI.6084		
	City Indianapolis	State IN	Zip Code 46236	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. <b>C</b>		Contribution		
	Name of Employer Youth & Family Centered Svcs.	Occupation Director	Aggregate Year-to-Date 500.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Michelle Hurd		Date of Receipt MM / DD / YYYY 06 / 12 / 2009		
	Mailing Address 18016 Forreston Oak Drive		<b>Transaction ID:</b> SA11AI.6086		
	City Noblesville	State IN	Zip Code 46062	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. <b>C</b>		Contribution		
	Name of Employer Youth & Family Centered Svcs.	Occupation Administrator	Aggregate Year-to-Date 300.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Ms Bonnie Katz		Date of Receipt MM / DD / YYYY 06 / 19 / 2009		
	Mailing Address 6501 N. Charles Street		<b>Transaction ID:</b> SA11AI.6115		
	City Baltimore	State MD	Zip Code 21204	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. <b>C</b>		Contribution		
	Name of Employer Sheppard Pratt Health System	Occupation Hospital Administrator	Aggregate Year-to-Date 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1050.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 29  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
NATIONAL ASSOCIATION OF PSYCHIATRIC HEALTH SYSTEMS POLITICAL ACTION COMMITTEE (N-APHS/PAC

**A.**

Full Name (Last, First, Middle Initial)  
Dennis King

Mailing Address 16 High View Road

City State Zip Code  
Freeport ME 04032

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Spring Harbor Hospital CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
03 / 20 / 2009

Transaction ID: SA11AI.6060

Amount of Each Receipt this Period  
250.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Craig Knuckles

Mailing Address 9777 Kendell Circle

City State Zip Code  
Royse City TX 75189

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Universal Health Services Division Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 20 / 2009

Transaction ID: SA11AI.6056

Amount of Each Receipt this Period  
500.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Kathi Lencioni

Mailing Address 4049 1st Avenue

City State Zip Code  
San Diego CA 92103

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Sharp Mesa Vista Hospital Senior Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
03 / 20 / 2009

Transaction ID: SA11AI.6058

Amount of Each Receipt this Period  
500.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1250.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 29
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**NATIONAL ASSOCIATION OF PSYCHIATRIC HEALTH SYSTEMS POLITICAL ACTION COMMITTEE (N-APHS/PAC**

<b>A.</b>	Full Name (Last, First, Middle Initial) Linda Luccasen	Date of Receipt MM / DD / YYYY 06 / 26 / 2009
	Mailing Address 2121 Viking Circle	<b>Transaction ID:</b> SA11AI.6118
	City Birmingham State AL Zip Code 35216	Amount of Each Receipt this Period 750.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
Name of Employer Youth & Family Centered Svcs. Occupation Director	Aggregate Year-to-Date ▼ 750.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>B.</b>	Full Name (Last, First, Middle Initial) Ms. Mary L. Mastro	Date of Receipt MM / DD / YYYY 03 / 31 / 2009
	Mailing Address 801 S Washington	<b>Transaction ID:</b> SA11AI.6063
	City Naperville State IL Zip Code 60540	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
Name of Employer Linden Oaks Hospital Occupation President	Aggregate Year-to-Date ▼ 500.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Mack Nunn	Date of Receipt MM / DD / YYYY 06 / 12 / 2009
	Mailing Address 1514 Preston Avenue	<b>Transaction ID:</b> SA11AI.6085
	City Austin State TX Zip Code 78703	Amount of Each Receipt this Period 750.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
Name of Employer Youth & Family Centered Svcs. Occupation Director	Aggregate Year-to-Date ▼ 750.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 29  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
NATIONAL ASSOCIATION OF PSYCHIATRIC HEALTH SYSTEMS POLITICAL ACTION COMMITTEE (N-APHS/PAC

**A.**

Full Name (Last, First, Middle Initial)  
Mr. George Perry

Mailing Address 615 Churchill-Hubbard Road

City State Zip Code  
Youngstown OH 44505

FEC ID number of contributing federal political committee. **C**

Name of Employer Belmont Pines Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 12 / 2009

**Transaction ID:** SA11AI.6077

Amount of Each Receipt this Period  
500.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Steve Quigley

Mailing Address 312 Buckingham Drive

City State Zip Code  
Venetia PA 15367

FEC ID number of contributing federal political committee. **C**

Name of Employer Youth & Family Centered Svcs Occupation Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 12 / 2009

**Transaction ID:** SA11AI.6080

Amount of Each Receipt this Period  
300.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Elliot Sainer

Mailing Address 2000 Edgewood Drive

City State Zip Code  
South Pasadena CA 91030

FEC ID number of contributing federal political committee. **C**

Name of Employer CRC Health Group Occupation Vice Chairman

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 20 / 2009

**Transaction ID:** SA11AI.6059

Amount of Each Receipt this Period  
500.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1300.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 29  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
NATIONAL ASSOCIATION OF PSYCHIATRIC HEALTH SYSTEMS POLITICAL ACTION COMMITTEE (N-APHS/PAC

**A.**

Full Name (Last, First, Middle Initial)  
Richard Sarle

Mailing Address 252 Route 601

City Belle Meade State NJ Zip Code 08558

FEC ID number of contributing federal political committee. **C**

Name of Employer Carrier Clinic Occupation President/CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 25 / 2009  
Transaction ID: SA11AI.6061  
Amount of Each Receipt this Period: 250.00  
Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Kevin Sheehan

Mailing Address 1809 Chalk Rock Cv.

City Austin State TX Zip Code 78735

FEC ID number of contributing federal political committee. **C**

Name of Employer Youth & Family Centered Service Occupation President/CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: 06 / 12 / 2009  
Transaction ID: SA11AI.6081  
Amount of Each Receipt this Period: 1200.00  
Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Blair Stam

Mailing Address 4238 Green River Rd

City Corona State CA Zip Code 92880

FEC ID number of contributing federal political committee. **C**

Name of Employer Signature Healthcare Services Occupation Executive VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 25 / 2009  
Transaction ID: SA11AI.6062  
Amount of Each Receipt this Period: 500.00  
Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1950.00

**TOTAL** This Period (last page this line number only) ..... ►



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 29  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
NATIONAL ASSOCIATION OF PSYCHIATRIC HEALTH SYSTEMS POLITICAL ACTION COMMITTEE (N-APHS/PAC

**A.**

Full Name (Last, First, Middle Initial)  
Margaret Stept

Mailing Address 107 Belle Meade Blvd.

City Flowood State MS Zip Code 39232

FEC ID number of contributing federal political committee. **C**

Name of Employer Youth & Family Centered Svcs. Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 06 / 12 / 2009  
Transaction ID: SA11AI.6082  
Amount of Each Receipt this Period: 500.00  
Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Mr. Brent Turner

Mailing Address 6640 Carothers Parkway Suite 500

City Franklin State TN Zip Code 37067

FEC ID number of contributing federal political committee. **C**

Name of Employer Psychiatric Solutions, Inc. Occupation Executive Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 06 / 17 / 2009  
Transaction ID: SA11AI.6114  
Amount of Each Receipt this Period: 500.00  
Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Mr. Matthew Wiltshire

Mailing Address 1525 Morning Glory Circle

City Tupelo State MS Zip Code 38801

FEC ID number of contributing federal political committee. **C**

Name of Employer Youth & Family Centered Svcs. Occupation Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 06 / 26 / 2009  
Transaction ID: SA11AI.6117  
Amount of Each Receipt this Period: 300.00  
Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1300.00

**TOTAL** This Period (last page this line number only) ..... ► 15600.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 29  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**NATIONAL ASSOCIATION OF PSYCHIATRIC HEALTH SYSTEMS POLITICAL ACTION COMMITTEE (N-APHS/PAC)**

**A.** Full Name (Last, First, Middle Initial)  
**HOSPITAL AND HEALTHSYSTEM ASSOC. OF PA - FEDERAL POLITICAL ACTION COMM (HAPAC)**  
 Mailing Address **Post Office Box 8600**  
**PO BOX 8600**  
 City **Harrisburg** State **PA** Zip Code **17105**  
 Date of Receipt **02 / 09 / 2009**  
**Transaction ID: SA11C.6195**  
 Amount of Each Receipt this Period **400.00**  
**CONTRIBUTION**  
 FEC ID number of contributing federal political committee. **C C00128082**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **400.00**

**B.** Full Name (Last, First, Middle Initial)  
**PSYCHIATRIC SOLUTIONS INC. FED PAC**  
 Mailing Address **6640 Carothers Parkway**  
**Suite 500**  
 City **Franklin** State **TN** Zip Code **37067**  
 Date of Receipt **05 / 14 / 2009**  
**Transaction ID: SA11C.6193**  
 Amount of Each Receipt this Period **5000.00**  
**CONTRIBUTION**  
 FEC ID number of contributing federal political committee. **C C00407684**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **5000.00**

**C.** Full Name (Last, First, Middle Initial)  
**UNIVERSAL HEALTH SERVICES INC EMPLOYEES' GOOD GOVERNMENT FUND**  
 Mailing Address **367 SOUTH GULPH ROAD**  
 City **KING OF PRUSSIA** State **PA** Zip Code **19406**  
 Date of Receipt **06 / 09 / 2009**  
**Transaction ID: SA11C.6197**  
 Amount of Each Receipt this Period **2500.00**  
**CONTRIBUTION**  
 FEC ID number of contributing federal political committee. **C C00185520**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **2500.00**

**SUBTOTAL** of Receipts This Page (optional) ..... ► **7900.00**  
**TOTAL** This Period (last page this line number only) ..... ► **7900.00**

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 29  
(check only one)

11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
NATIONAL ASSOCIATION OF PSYCHIATRIC HEALTH SYSTEMS POLITICAL ACTION COMMITTEE (N-APHS/PAC

**A.** Full Name (Last, First, Middle Initial)  
NATIONAL ASSOCIATION OF PSYCHIATRIC HEALTH SYSTEMS POLITICAL ACTION COMMITTEE (N-APHS/PAC) (Name of Receipt)

Mailing Address 701 13TH STREET NW SUITE 950  
Date of Receipt: MM / DD / YYYY  
05 / 27 / 2009

City State Zip Code  
WASHINGTON DC 20005  
Transaction ID: SA12.6210

FEC ID number of contributing federal political committee. **C** C00107136  
Amount of Each Receipt this Period: 350.00

Name of Employer Occupation  
Deposited in Error. Refunded on June 16, 2009

Receipt For:  Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼: 350.00

**B.** Full Name (Last, First, Middle Initial)  
NATIONAL ASSOCIATION OF PSYCHIATRIC HEALTH SYSTEMS POLITICAL ACTION COMMITTEE (N-APHS/PAC) (Name of Receipt)

Mailing Address 701 13TH STREET NW SUITE 950  
Date of Receipt: MM / DD / YYYY  
06 / 03 / 2009

City State Zip Code  
WASHINGTON DC 20005  
Transaction ID: SA12.6209

FEC ID number of contributing federal political committee. **C** C00107136  
Amount of Each Receipt this Period: 3756.00

Name of Employer Occupation  
Deposited in Error. Refunded July 15, 2009

Receipt For:  Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼: 4106.00

**C.** Full Name (Last, First, Middle Initial)  
NATIONAL ASSOCIATION OF PSYCHIATRIC HEALTH SYSTEMS POLITICAL ACTION COMMITTEE (N-APHS/PAC) (Name of Receipt)

Mailing Address 701 13TH STREET NW SUITE 950  
Date of Receipt: MM / DD / YYYY  
06 / 15 / 2009

City State Zip Code  
WASHINGTON DC 20005  
Transaction ID: SA12.6211

FEC ID number of contributing federal political committee. **C** C00107136  
Amount of Each Receipt this Period: -350.00

Name of Employer Occupation  
Refund Deposit Error.

Receipt For:  Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼: 3756.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>3756.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>3756.00</b>

A. Form/Schedule : **SA12**  
Transaction ID : **SA12.6210**

A deposit of \$350 was made on May 27, 2009 in error. The checks that were deposited in error were made payable to the connected organization (of the NAPHS-PAC), the National Association for Psychiatric Health Systems. An administrative error occurred, and the checks were deposited by mistake using a deposit slip for the NAPHS-PAC. The error was discovered on June 15th during the process of performing the monthly bank reconciliation. A refund check was issued on June 15th to properly remove the funds from the NAPHS-PAC account and place them into the NAPHS account.

B. Form/Schedule : **SA12**  
Transaction ID : **SA12.6209**

A deposit of \$3,756 was made on June 3, 2009 in error. The checks that were deposited in error were made payable to the connected organization (of the NAPHS-PAC), the National Association for Psychiatric Health Systems. An administrative error occurred, and the checks were deposited by mistake using a deposit slip for the NAPHS-PAC. The error was discovered on July 15th during the process of performing the monthly bank reconciliation. A refund check was issued on July 15th to properly remove the funds from the NAPHS-PAC account and place them into the NAPHS account. The initial deposit that was made in error is reflected on line 12 of the 2009 Mid Year Report. The refund/correction will be reflected on the 2009 Year End Report, since the refund took place in July 2009.

C. Form/Schedule : **SA12**

Transaction ID : **SA12.6211**

A refund check in the amount of \$350 made payable to the National Association of Psychiatric Health Systems was issued in order to return funds that were deposited into the NAPHS-PAC in error on May 27, 2009. The funds were intended for the National Association of Psychiatric Health Systems, and were mistakenly deposited using a NAPHS-PAC deposit slip. The error was discovered on June 15th, and the refund check was issued on the same day.

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF PSYCHIATRIC HEALTH SYSTEMS POLITICAL ACTION COMMITTEE (N-APHS/PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Wachovia National Bank <hr/> Mailing Address PO Box 563966 <hr/> City Charlotte State NC Zip Code 28262-3966 <hr/> Purpose of Disbursement Service charges Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.6181 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 9
	Amount of Each Disbursement this Period 209.55
	Category/ Type
	Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) Wachovia National Bank <hr/> Mailing Address PO Box 563966 <hr/> City Charlotte State NC Zip Code 28262-3966 <hr/> Purpose of Disbursement Service charges Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.6183 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 3 / 3 1 / 2 0 0 9
	Amount of Each Disbursement this Period 94.55
	Category/ Type
	Category/ Type
<b>C.</b> Full Name (Last, First, Middle Initial) Wachovia National Bank <hr/> Mailing Address PO Box 563966 <hr/> City Charlotte State NC Zip Code 28262-3966 <hr/> Purpose of Disbursement Service charges Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB21B.6175 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 3 0 / 2 0 0 9
	Amount of Each Disbursement this Period 210.26
	Category/ Type
	Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	514.36
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 23 / 29

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF PSYCHIATRIC HEALTH SYSTEMS POLITICAL ACTION COMMITTEE (N-APHS/PAC

A.	Full Name (Last, First, Middle Initial) Wachovia National Bank	Transaction ID: SB21B.6177 Date of Disbursement
	Mailing Address PO Box 563966	<input type="text" value="05"/> <input type="text" value="31"/> / <input type="text" value="2009"/>
	City Charlotte State NC Zip Code 28262-3966	Amount of Each Disbursement this Period
	Purpose of Disbursement Service charges Candidate Name	<input type="text" value="120.86"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) Wachovia National Bank	Transaction ID: SB21B.6187 Date of Disbursement
	Mailing Address PO Box 563966	<input type="text" value="06"/> <input type="text" value="30"/> / <input type="text" value="2009"/>
	City Charlotte State NC Zip Code 28262-3966	Amount of Each Disbursement this Period
	Purpose of Disbursement DISBURSEMENTS Candidate Name	<input type="text" value="94.55"/>
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ..... ►

TOTAL This Period (last page this line number only) ..... ►

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF PSYCHIATRIC HEALTH SYSTEMS POLITICAL ACTION COMMITTEE (N-APHS/PAC)

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>ROY BLUNT</b>  Mailing Address <b>PO BOX 50100</b>  City <b>SPRINGFIELD</b> State <b>MO</b> Zip Code <b>65805</b> Purpose of Disbursement Disbursement <input type="checkbox"/> 011 Category/Type Candidate Name <b>ROY BLUNT</b> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: <b>MO</b> District: <b>00</b>	Transaction ID: <b>SB23.6167</b> Date of Disbursement 06 / 09 / 2009  Amount of Each Disbursement this Period 2500.00
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>CONGRESSMAN BART GORDON COMMITTEE</b>  Mailing Address <b>P.O. Box 2008</b>  City <b>Murfreesboro</b> State <b>TN</b> Zip Code <b>37133</b> Purpose of Disbursement Disbursement <input type="checkbox"/> 011 Category/Type Candidate Name <b>BART GORDON</b> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: <b>TN</b> District: <b>06</b>	Transaction ID: <b>SB23.6158</b> Date of Disbursement 04 / 28 / 2009  Amount of Each Disbursement this Period 2500.00
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>CONTINUING A MAJORITY PARTY ACTION COMMITTEE (CAM-PAC)</b>  Mailing Address <b>5915 Eastman Avenue Suite 100</b>  City <b>Midland</b> State <b>MI</b> Zip Code <b>48640</b> Purpose of Disbursement Disbursement <input type="checkbox"/> 011 Category/Type Earmarked for Dave Camp Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: <b>SB23.6139</b> Date of Disbursement 02 / 23 / 2009  Amount of Each Disbursement this Period 2000.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>7000.00</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF PSYCHIATRIC HEALTH SYSTEMS POLITICAL ACTION COMMITTEE (N-APHS/PAC)

<p><b>A.</b> Full Name (Last, First, Middle Initial) EHLERS FOR CONGRESS COMMITTEE</p> <p>Mailing Address PO BOX 3340</p> <p>City GRAND RAPIDS State MI Zip Code 49501</p> <p>Purpose of Disbursement Disbursement <span style="border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name VERNON J EHLERS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MI District: 03</p>	<p><b>Transaction ID:</b> SB23.6149</p> <p>Date of Disbursement <span style="border: 1px solid black; padding: 2px;">04</span> / <span style="border: 1px solid black; padding: 2px;">15</span> / <span style="border: 1px solid black; padding: 2px;">2009</span></p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: center;">1000.00</span></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) FRIENDS OF CHRIS DODD</p> <p>Mailing Address 1602 Belle View Boulevard Suite # 510</p> <p>City Alexandria State VA Zip Code 22307</p> <p>Purpose of Disbursement Disbursement <span style="border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name CHRISTOPHER J DODD</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CT District: 00</p>	<p><b>Transaction ID:</b> SB23.6136</p> <p>Date of Disbursement <span style="border: 1px solid black; padding: 2px;">03</span> / <span style="border: 1px solid black; padding: 2px;">30</span> / <span style="border: 1px solid black; padding: 2px;">2009</span></p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: center;">2500.00</span></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) FRIENDS OF SHERROD BROWN</p> <p>Mailing Address PO BOX 76187 Suite 800</p> <p>City WASHINGTON State DC Zip Code 20013</p> <p>Purpose of Disbursement Disbursement <span style="border: 1px solid black; padding: 2px;">011</span> Category/Type</p> <p>Candidate Name SHERROD BROWN</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District: 00</p>	<p><b>Transaction ID:</b> SB23.6135</p> <p>Date of Disbursement <span style="border: 1px solid black; padding: 2px;">02</span> / <span style="border: 1px solid black; padding: 2px;">04</span> / <span style="border: 1px solid black; padding: 2px;">2009</span></p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: center;">2500.00</span></p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

6000.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF PSYCHIATRIC HEALTH SYSTEMS POLITICAL ACTION COMMITTEE (N-APHS/PAC)

<b>A.</b>	Full Name (Last, First, Middle Initial) GRASSLEY COMMITTEE INC	Transaction ID: SB23.6152 Date of Disbursement 04 / 20 / 2009
	Mailing Address PO BOX 1000	Amount of Each Disbursement this Period 2000.00
	City DES MOINES State IA Zip Code 50304	011 Category/ Type
	Purpose of Disbursement Disbursement Candidate Name CHARLES E GRASSLEY Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IA District: 00	
<b>B.</b>	Full Name (Last, First, Middle Initial) HATCH ELECTION COMMITTEE INC	Transaction ID: SB23.6164 Date of Disbursement 06 / 02 / 2009
	Mailing Address 175 SOUTH WEST TEMPLE SUITE 650	Amount of Each Disbursement this Period 2000.00
	City SALT LAKE CITY State UT Zip Code 84101	011 Category/ Type
	Purpose of Disbursement Disbursement Candidate Name HATCH ELECTION COMMITTEE INC Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: UT District:	
<b>C.</b>	Full Name (Last, First, Middle Initial) MATSUI FOR CONGRESS	Transaction ID: SB23.6159 Date of Disbursement 05 / 06 / 2009
	Mailing Address PO BOX 1738	Amount of Each Disbursement this Period 1000.00
	City SACRAMENTO State CA Zip Code 95812	011 Category/ Type
	Purpose of Disbursement Disbursement Candidate Name DORIS MATSUI Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 05	

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

5000.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF PSYCHIATRIC HEALTH SYSTEMS POLITICAL ACTION COMMITTEE (N-APHS/PAC

**A.**

Full Name (Last, First, Middle Initial)  
**MINNICK FOR CONGRESS**

Mailing Address **P O Box 306**

City **Boise** State ID **ID** Zip Code **83701**

Purpose of Disbursement Disbursement  011 Category/Type

Candidate Name **WALTER C MINNICK**

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼

State: ID District: 01

**Transaction ID:** SB23.6131  
**Date of Disbursement**

/   /

Amount of Each Disbursement this Period

**B.**

Full Name (Last, First, Middle Initial)  
**PAUL TONKO FOR CONGRESS**

Mailing Address **911 Central Avenue  
PO Box 221**

City **Albany** State ID **NY** Zip Code **12206**

Purpose of Disbursement Disbursement  011 Category/Type

Candidate Name **PAUL DAVID TONKO**

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼

State: NY District: 21

**Transaction ID:** SB23.6186  
**Date of Disbursement**

/   /

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)  
**PIKE FOR CONGRESS**

Mailing Address **PO BOX 467**

City **ARDMORE** State ID **PA** Zip Code **19003**

Purpose of Disbursement Disbursement  011 Category/Type

Candidate Name **DOUGLAS ARTHUR PIKE**

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼

State: PA District: 06

**Transaction ID:** SB23.6170  
**Date of Disbursement**

/   /

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional) .....

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF PSYCHIATRIC HEALTH SYSTEMS POLITICAL ACTION COMMITTEE (N-APHS/PAC)

<p><b>A.</b> Full Name (Last, First, Middle Initial) <b>RANGEL FOR CONGRESS</b></p> <p>Mailing Address <b>PO Box 5577 MANHATTANVILLE STA</b></p> <p>City <b>New York</b> State <b>NY</b> Zip Code <b>10027</b></p> <p>Purpose of Disbursement Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/ Type</p> <p>Candidate Name <b>CHARLES B RANGEL</b></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: <b>NY</b> District: <b>15</b></p>	<p><b>Transaction ID:</b> SB23.6163 <b>Date of Disbursement</b>  <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p><b>Amount of Each Disbursement this Period</b>  <table border="1" style="width: 100%; text-align: center;"> <tr> <td>2000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	2		2	0	0	9	2000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	5		1	2		2	0	0	9													
2000.00																						
<p><b>B.</b> Full Name (Last, First, Middle Initial) <b>SNOWE FOR SENATE</b></p> <p>Mailing Address <b>PO BOX 2006</b></p> <p>City <b>PORTLAND</b> State <b>ME</b> Zip Code <b>04104</b></p> <p>Purpose of Disbursement Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/ Type</p> <p>Candidate Name <b>OLYMPIA J SNOWE</b></p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: <b>ME</b> District: <b>00</b></p>	<p><b>Transaction ID:</b> SB23.6162 <b>Date of Disbursement</b>  <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p><b>Amount of Each Disbursement this Period</b>  <table border="1" style="width: 100%; text-align: center;"> <tr> <td>1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	6		2	0	0	9	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	5		0	6		2	0	0	9													
1000.00																						
<p><b>C.</b> Full Name (Last, First, Middle Initial) <b>JOHN SULLIVAN</b></p> <p>Mailing Address <b>1643 East 44 Street</b></p> <p>City <b>Tulsa</b> State <b>OK</b> Zip Code <b>47105</b></p> <p>Purpose of Disbursement Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/ Type</p> <p>Candidate Name <b>JOHN SULLIVAN</b></p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: <b>OK</b> District: <b>01</b></p>	<p><b>Transaction ID:</b> SB23.6155 <b>Date of Disbursement</b>  <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> </p> <p><b>Amount of Each Disbursement this Period</b>  <table border="1" style="width: 100%; text-align: center;"> <tr> <td>1000.00</td> </tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	2		2	0	0	9	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		2	2		2	0	0	9													
1000.00																						

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<table border="1" style="width: 100%;"><tr><td style="text-align: center;">4000.00</td></tr></table>	4000.00
4000.00		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1" style="width: 100%;"><tr><td style="text-align: center;"> </td></tr></table>	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

NATIONAL ASSOCIATION OF PSYCHIATRIC HEALTH SYSTEMS POLITICAL ACTION COMMITTEE (N-APHS/PAC

<b>A.</b> Full Name (Last, First, Middle Initial) The Blue Dog Political Action Committee <hr/> Mailing Address 6849 Old Dominion Drive Suite 222 <hr/> City McLean State VA Zip Code 22101 <hr/> Purpose of Disbursement Disbursement Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.6137 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 9
	Amount of Each Disbursement this Period 5000.00 Category/Type: 011
<b>B.</b> Full Name (Last, First, Middle Initial) TIM MURPHY FOR CONGRESS <hr/> Mailing Address PO Box 24551 <hr/> City Pttsburgh State PA Zip Code 15234 <hr/> Purpose of Disbursement Disbursement Candidate Name TIM MURPHY <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 18 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.6146 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 3 0 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00 Category/Type: 011
<b>C.</b> Full Name (Last, First, Middle Initial) WYDEN FOR SENATE <hr/> Mailing Address 232 NE 9TH AVENUE <hr/> City PORTLAND State OR Zip Code 97232 <hr/> Purpose of Disbursement Disbursement Candidate Name RONALD LEE WYDEN <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.6144 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 0 / 2 0 0 9
	Amount of Each Disbursement this Period 2500.00 Category/Type: 011

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>8500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>3500.00</b>